Looking for a positive and purposeful program for your son to be a part of this summer? Enroll him in F.O.C.U.S. Summer Intensive Program.

The goal of F.O.C.U.S. Summer Intensive Program is to provide a year-round learning experience for rising 4th, 5th, and 6th grade boys in a safe, enriching, and positive learning environment by:

• Enriching and empowering students

• Building on the student’s strengths

• Applauding their achievements

• Expanding our relative knowledge and exposure

• Planning, implementing, expanding, coordinating, and evaluating the effectiveness of

the Summer Program

**Objectives**

1. Engage in educational activities which will enhance academic skills and learning abilities.

2. Continuous expansion and development of Social Emotional Learning Skills including building interpersonal and intrapersonal confidence.

3. Participate in a career exposure program, community service events and social activities to enhance student’s levels of civic and social responsibility, accountability, and leadership skills.

3**.** Students will be able to model and demonstrate self-restraint at appropriate times and in appropriate settings.

**Activity Agenda**

**Program Agenda - Mondays and Thursday**

* English / Reading / Math (Mondays and Tuesdays)
* Social Emotional Learning & Trauma Informed Care (Monday thru Wednesday)
* Career Choice & Awareness & Field Trips (Thursdays)

**Career Choice & Awareness**

* Agriculture / Food & Natural Resources Careers
* Architecture & Construction Careers
* Transportation / Distribution / Logistics & S.T.E.M. Careers
* Marketing & Communication Careers
* Business Management / Administration & Manufacturing Careers
* Law, Public Safety / Corrections & Education and Training Careers
* Government / Public Administration & Healthcare Careers
* Finance and Human Service Careers

**Please visit website for more details on the program** [**www.myfocusacademy.org**](http://www.myfocusacademy.org)

**Field Trips / Fun Activities / Service Learning Activities: Thursdays**

1. Pocahontas State Park ($)
2. Xcape Room ($)
3. Bowling & Skating
4. Federal Reserve
5. Ocean Breeze Water Park ($20). (5PM-9PM)
6. iFly – VA Beach (optional) ($)
7. LAUNCH ($)

The Curriculum for school will be a Christian Based Curriculum from Monarch.

The curriculum is an online based learning platform. Students will complete assignments both online and in person. This will allow us to be out in the community doing some community based learning as a way to apply the positive character traits which we will be working on.

|  |  |
| --- | --- |
| **Monarch Language Arts** | **Monarch Math** |
| Monarch Language Arts is an integrated online program for grades 3-12 that weaves the English skills of reading, writing, listening, and speaking together throughout units. Elementary grades study English skills through an incorporated presentation, while middle and high school grades focus on skill development unit by unit. This Christian homeschool curriculum has six major content strands, including reading, writing, spelling, grammar, composition, and speaking and listening. | Monarch Math is an online Christian homeschool curriculum that trains students in grades 3-12 to successfully use mathematics in real-life situations. Major content strands developed at all grade levels include number skills, geometry, algebra, data analysis, and probability. Monarch Math uses mastery learning techniques to build upon previously taught concepts and promote independent cognitive reasoning. |

Dates: June 22 – August 9, 2019

Times: Monday - Thursday 9:00 a.m. - 3:00 p.m.

Location: Celebration Church Midlothian Turnpike

Cost: $225.00 for the seven week program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Information\* Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Home Address\* City /State\* Zip\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\* Grade\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s)\* Work\* Cell\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) Work Cell

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons ALLOWED to Pick Up Student Phone Number

Persons NOT ALLOWED to Pick Up Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOR MANAGEMENT POLICY**

Your child is expected to behave appropriately at all times and follow the rules of F.O.C.U.S. Homeschool Summer Academy

Parent Initials

\_\_\_\_\_I understand that if my child does not follow the rules he or she will receive a verbal warning.

\_\_\_\_\_I understand that if the misbehavior continues, I will receive a phone call about my child.

\_\_\_\_\_I understand that if the problem continues, my child will be dismissed from the program.

\_\_\_\_\_I understand that fighting and/or inappropriate sexual behavior will result in immediate dismissal

from the program.

**ALL INFORMATION IS COMPLETELY CONFIDENTIAL**

I am the parent or legal guardian of the minor named above and has legal authority to execute this consent and release.

Confidential Student Health & Emergency Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name Sex Birth date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (City, State, Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day of Attendance Last Day of Attendance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of School Grade

**EMERGENCY INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer’s Address (Street Address) Father’s Work Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Home Address (Street Address) (enter “Same” if address is the same as the child’s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer’s Address (Street Address) Mother’s Work Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Home Address (Street Address) (enter “Same” if address is the same as the child’s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician Office Address (Street Address) Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Medical Insurance Policy Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Contact if Parent(s) Cannot Be Reached Street Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Contact if Parent(s) Cannot Be Reached Street Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

**LIST ALL MEDICATIONS CURRENTLY TAKEN BY CHILD**

Please check all of the medical conditions that apply to your child. Please explain those checked in the space provided. Information will be shared with ***ONLY*** applicable personnel on a need to know basis.

\_\_Allergies \_\_Food or Insect bite Allergies \_\_Autism

\_\_Cancer \_\_Chronic Earaches/Tubes \_\_Diabetes

\_\_Emotional Issues \_\_Epilepsy/Seizures \_\_Genetic Disorder

\_\_Hearing Impaired \_\_Heart/Lung Condition \_\_Hyperactivity and/or ADD

\_\_Metabolic Disorder \_\_Mobility Impaired \_\_Orthopedic

\_\_Sickle Cell \_\_Skin Disorder \_\_Special Education Services

\_\_Vision Impaired

\_\_Other:

Explanation:

|  |
| --- |
|  |

**EMERGENCY MEDICAL AUTHORIZATION**

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to obtain immediate care and consent

to emergency medical Name of Licensed Provider procedures upon, the hospitalization of, the

performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs

to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if an emergency occurs and I cannot be located

immediately. Name of Child It is also understood that this agreement covers only those situations which

are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

**The child’s Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.**

**PAYMENT PLAN**

**Registration Fee $35.00**

**Plan I $225.00**

**Plan II 2 Payments of 112.50**

**Plan III 3 Payments of $75.00**

**Plan IV 4 Payments of $57.00**

**Full payment is due by June 22, 2019**

**Payments can be made via the following methods**

**Cash App - $myfocusacademyllc**

**PayPal – paypal.me/myfocusacademy**

**Zelle’ –** [**rjohnson8@myfocusacademy.org**](mailto:rjohnson8@myfocusacademy.org)

**Cash**

**Money Order**

**Check or Credit Card (15% fee)**

**Additional family member discounts apply. Please contact Dr. Johnson for more details**